

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041305

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 340

Primary Registration District No. 6151

Registrar's No. 112

FILED NOV 9 1962

VS 300
Rev. 4/59

1 1030

2 1030

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4 2

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9 177X

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12 90-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Elk Twp.</u>		c. CITY OR TOWN <u>Parma</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Parma, Mo. R. 1</u>		d. STREET ADDRESS (If outside, give location) <u>Rfd. 1</u>	
3. NAME OF DECEASED (Type or print) First <u>Burel</u> Middle <u>NMI</u> Last <u>Minniefield</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-1914</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11a. BIRTHPLACE (City and state or country) <u>Como, Miss.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herbert Minniefield</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anderson</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Mae Minniefield</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXXXXXXXXXX</u>	
16. SOCIAL SECURITY NO. <u>XXXXXXXXXXXX</u>		17. INFORMANT Address <u>Bertha Minniefield Parma, Mo. R. 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Toxic Infection</u> DUE TO (b) <u>Coc pres (Presumed)</u> DUE TO (c) <u>year</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour - Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Parma, Mo.</u>	
20g. COUNTY <u>Stoddard</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Sept 3 1962</u> to <u>Oct 13 1962</u> and last saw him alive on <u>Oct 13 1962</u> Death occurred at <u>9:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>David R. Henry MD</u> (Degree or title)	
22b. ADDRESS <u>Lilbourn Mo</u>		22c. DATE SIGNED <u>10/25/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>10-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dodson Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Sikeston, Mo.</u>		23e. DATE RECD. BY LOCAL REG. <u>10-29-62</u>	
23f. REGISTRAR'S SIGNATURE <u>Walter J. Jenkins</u>		23g. ADDRESS <u>Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

Rem 10/25/12 yg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Marsh Walters

Licensed Embalmer No.

4717

P. O. Address

Dexter Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). ^A

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.